

WELL INSTALLATION OR BORING INVOICE

**SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL (DHEC)
UNDERGROUND STORAGE TANK PROGRAM
WELL INSTALLATION OR BORING INVOICE**

UST PERMIT # _____ COUNTY _____
FACILITY NAME _____
STREET ADDRESS _____
INVOICE # _____ P.O.# _____ COST AGREEMENT # _____
For drilling performed during (specify time period) _____ to _____

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals responsible for obtaining this information, and any other information I may be aware of, I believe that the submitted information is true, accurate, and complete. I further agree, in accordance with any DHEC demand letter to promptly repay the Account for any overpayment received.

**Please fill out BOTH the O/O or Contractor and Well Driller Sections.

OWNER/OPERATOR OR CONTRACTOR

Name(Type or Print) _____ Federal Tax ID or Social Security Number if Payee _____
Company _____ Telephone Number _____
Address _____ City _____ State _____ Zip Code _____
Signature (Please use non-black ink). _____ Title _____ Date Signed _____

WELL DRILLER - PAYEE

Name (Type or Print) _____ Federal Tax ID or Social Security Number if Payee _____
Company _____ Telephone Number _____
Address _____ City _____ State _____ Zip Code _____
If payment is to be sent to WELL DRILLER address other than above, please indicate:

Name of Individual or Company (please print) _____ Federal Tax ID or Social Security Number _____
Address (please print) _____ City _____ State _____ Zip Code _____

TOTAL AMOUNT REQUESTED FOR DRILLING & BORING: _____ *

SCDHEC USE ONLY

\$ _____

*The payment cannot exceed the amount for boring and well installation in the above listed cost agreement. This payment will be deducted from the final invoice for the approved site assessment payable to the site owner/operator or the contractor as outlined in the approved cost agreement.

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INSTRUCTIONS

Invoice Number	This is the number assigned by the contractor for the invoice.
Cost Agreement # (CA#)	This is the authorization number assigned by the Department. This number may be found on the letter from the Department approving the scope of work.
Purchase Order # (PO #)	This is the authorization number assigned by the Department for state lead sites. The purchase order number is found on the letter from the Department approving scope of work.
O/O or Contractor	This area is to list the site owner/ operator or environmental contractor.
Well Driller	This box is to list the well driller. Payment will be mailed to this listed address unless an alternate address is supplied in the next area.
Amount Requested	This is the amount of financial compensation requested for the services performed. The amount requested may not exceed the amount approved by the Department for the well footage or borings in this approved cost proposal. The amount paid to the well driller in this invoice will be deducted from the amount paid in the final invoice to the owner/operator or environmental contractor.
W-9/Tax ID	Please submit a W-9, Tax Identification Number if one is not on file with DHEC. DHEC requires a W-9 before payment may be issued to contractor or well driller.

NOTE: Only one "Well Drilling or Boring Invoice" may be submitted for each approved cost agreement.